

National Association of Water Companies, the Pennsylvania Municipal Authorities Association, the Ford Foundation and Harvard University.

Senator Musto is married to the former Frances Panzetta and they are the parents of four children and seven grandchildren.

On a personal note, it has been a pleasure to work with Ray Musto on many issues of importance to our mutual constituents. He has epitomized the true American success story by encompassing strong family values, dedication to his community, and commitment to the democratic institutions of his community, his State, and indeed, the Nation. He has been a friend for more than half my lifetime.

Mr. Speaker, please join me in congratulating Senator Musto on this special occasion that recognizes the contributions he has made throughout his distinguished career in public service. Clearly, Senator Musto has made a positive difference in the quality of life for the citizens of northeastern Pennsylvania and we thank him for that.

THE LOW-INCOME GASOLINE ASSISTANCE PROGRAM ACT OF 2005

SPEECH OF

HON. TOM UDALL

OF NEW MEXICO

IN THE HOUSE OF REPRESENTATIVES

Friday, October 7, 2005

Mr. UDALL of New Mexico. Mr. Speaker, I rise today to introduce the Low-Income Gasoline Assistance Program Act of 2005. I want to thank the original House cosponsors that have joined in this effort.

Recent high gasoline prices are taking a serious toll on American's pocketbooks. The monthly budgets of hard-working, low-income families are currently dominated by the unexpected price increases at the pumps. We all must do our part to conserve fuel and reduce our national demand for petroleum and I applaud those individuals who have begun or continue to walk, bike or take public transportation on a daily basis. Unfortunately, not all people have these options. Due to lack of available public transportation, people living in rural areas are often forced to commute to everyday activities by automobile. The Low-Income Gasoline Assistance Program Act or LIGAP is designed to assist American families most affected by high fuel prices.

LIGAP is modeled after the successful LIHEAP program that helps low-income citizens pay for seasonal heating and cooling. In short, LIGAP calls for qualifying recipients to receive \$25–\$75 per month for 3 months to pay for gasoline. Additionally, another 3 months' benefit will be made available if prices do not soften. LIGAP will allow States and tribal organizations to make grants to low- and fixed-income individuals and families who have no option but to drive at least 30 miles a day, or 150 miles per week for work, school, or medical care to defray the cost of purchasing gasoline. States are also encouraged to use their welfare reform block grant to provide transportation stipends to parents who meet the same distance standards.

This measure will enable States to operate the program through their Community Action agencies or welfare departments. Additionally,

tribal organizations may directly request assistance. Thus, States will have the flexibility to set income-eligibility standards similar to the current eligibility for LIHEAP. The prices at which the program triggers on and subsequently releases will then be set for each jurisdiction through consultation between the Secretary of Health and Human Services and the Secretary of Energy.

LIGAP is not meant to be a substitute for the long-term energy solutions we all seek for our Nation. Each of us understands the necessity of a comprehensive and balanced approach to energy development, but we must realize that in every State there are hard-working people and elderly individuals whose monthly budgets are being overwhelmed by the cost of gasoline. While we must approach this country's energy demand with the willingness to make the tough, long-range choices demanded of us, it is equally important that we heed the immediate damage being caused by the current high prices. We must show a willingness to provide some comfort for those Americans who are most at risk.

Mr. Speaker, we all recognize that people are suffering and that something must be done to help with the high cost of gasoline. I urge my colleagues to join us in this forward thinking and comprehensive proposal.

MS. SOLIS'S SPECIAL ORDER ON LATINOS AND HIV/AIDS

SPEECH OF

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 6, 2005

Ms. LEE. Mr. Speaker, I rise tonight to join the Gentlewoman from California, my colleague Ms. Solis, to talk about the Ryan White CARE Act and the devastating impact of HIV/AIDS upon minority communities.

I want to thank my colleague for her leadership in organizing this event as we approach the third anniversary of National Latino AIDS Awareness Day on October 15th. As the leader of the Congressional Hispanic Caucus's Health taskforce, I know she is a forceful advocate for ending the racial and ethnic health disparities that continue to plague both our communities.

Mr. Speaker, 15 years ago, a young and courageous boy by the name of Ryan White inspired members of this body and people all over the country to come together out of compassion to destigmatize HIV/AIDS, and to provide medical care and support services to people living with this dreaded disease.

The passage of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 1990 provided hope for thousands of Americans afflicted with HIV/AIDS, and signaled the beginning of a sustained Federal response that has now grown to over \$2 billion a year.

The Ryan White CARE Act has been reauthorized twice so far, first in 1996, and then in 2000. Each time we have remembered Ryan for his courage and his compassion and we have remembered countless others who have needlessly become infected by this devastating disease and who still needed our help.

Now it is time to do it all over again.

Since the beginning of this pandemic, over 500,000 individuals have died in the United States, many of whom will be forever memorialized through the ongoing AIDS Memorial Quilt project.

The AIDS quilt stands as testament to the strength and vitality of those who were claimed by this dreaded disease, but it also charts the evolution of HIV/AIDS here in the U.S. as well.

The face of AIDS has changed dramatically since the early days of the epidemic, and now people of color are overwhelmingly represented.

Today, there are over 1 million people living with HIV/AIDS in the United States, 42 percent of which are African Americans, 20 percent of which are Hispanic.

Every year another 40,000 individuals get infected with HIV, over 50 percent of whom are African Americans, and 15 percent of which are Hispanic.

The fastest growing categories of new infections nationally are among African American women and the Hispanic community.

My district in Alameda County reflects the national averages, with African Americans representing over 50 percent of all new AIDS cases, and Hispanics 21 percent, and over the last 8 years the numbers for Hispanics have shot up.

Clearly we need to work harder to get the word out about HIV/AIDS, and we need to make sure that our communities have access to the resources they need.

That's why I'm a proud original co-sponsor of Ms. SOLIS's resolution supporting National Latino AIDS Awareness Day. We need to recognize the fact that AIDS affects everybody, and the more than 76,000 Latinos currently living with AIDS are testament to that.

At the same time we must also recognize the work of national and community based organizations, like the Latino Commission on AIDS, that are doing the work. In my district, organizations like La Clinica de La Raza, AIDS Project East Bay, SalvaSIDA, CALPEP, and SMAAC, deserve to be recognized for their efforts to reach out to Hispanic and African American communities alike.

It is their work that drives us here in Congress to demand more funding for communities of color dealing with HIV/AIDS. And that's why we established the Minority AIDS Initiative in 1998 with President Clinton.

As a key complement to the Ryan White CARE Act, the Minority AIDS Initiative plays a critical role in supporting outreach and capacity building in minority communities.

As we work to re-authorize the CARE Act, we must strengthen the Minority AIDS Initiative and ensure that the needs of minorities are being met.

That means we need a strong and robust primary prevention approach that differentiates messages between race, ethnicity, gender, sexual orientation and identity, and age.

We also need to make sure to build in housing and supportive services to provide continuity of care for all individuals infected with HIV—especially in minority communities.

That means providing convenient access to case management, dental care, mental health therapy, psychosocial support, and drug and alcohol treatment while we try and address the needs of people living with HIV/AIDS.

As we move to re-authorize the CARE Act, we must also ensure full funding for the AIDS